



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

x678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Subway #24446	Telephone Number 812-949-9050	Date of Inspection (mm/dd/yr) 6-14-19	PERMIT # 18-250
Establishment Address (number and street, city, state, zip code) 2441 State St New Albany, IN 47150	812-949-9050		
Owner Charul Patel	Purpose: 1. Routine	Follow-up NO	Release Date Today
Owner's Address 2441 State St	2. Follow-up	Summary of Violations: C 1 NC 6 R 1	
Person in Charge Latif Barkat	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Manager Purna Patel 7-1-21	5. Temporary	1 2 3 4 5	
	6. HACCP		
	7. Other (list)		

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
343	C		Observed food debris & spoon in handwashing sink. - Sink is for handwashing only.	today
174	NC		Observed no label on water spray bottle.	today
324	NC		Observed drainage basin under drink nozzles not draining.	today
416	NC		Observed dead insects in light shields in Kitchen & storage.	3 days
422	NC		Observed employee food not clearly separated and labeled.	2 days
433	NC	R	Observed mop not hung to dry.	today
431	NC		Observed wet floor and floor mat under drink machine from overflow.	today
			Observed crumbs under prep sink & on bottom shelf of prep table.	3 days

Received by (name and title printed): LATIF BARKAT	Inspected by (name and title printed): Thomas Snider, EHS
Received by (signature): Lay	Inspected by (signature): Thomas Snider
cc:	cc: